



General Assembly

***Amendment***

***February Session, 2006***

**LCO No. 4934**

**\*SB0031704934SD0\***

Offered by:

SEN. MURPHY, 16<sup>th</sup> Dist.

REP. SAYERS, 60<sup>th</sup> Dist.

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To: Subst. Senate Bill No. 317

File No. 322

Cal. No. 258

***"AN ACT CONCERNING REVISIONS TO DEPARTMENT OF  
PUBLIC HEALTH STATUTES."***

1 Strike section 2 in its entirety and renumber remaining sections and  
2 internal references accordingly

3 Change the effective date of section 3 to "October 1, 2006"

4 Strike sections 6 and 7 in their entirety and insert the following in  
5 lieu thereof:

6 "Sec. 6. Section 19a-266 of the general statutes is repealed and the  
7 following is substituted in lieu thereof (*Effective from passage*):

8 (a) For purposes of this section:

9 (1) "Breast cancer [treatment] screening and referral services" means  
10 necessary breast cancer screening services and referral services for a

11 procedure intended to treat cancer of the human breast, including, but  
12 not limited to, surgery, radiation therapy, chemotherapy, hormonal  
13 therapy and related medical follow-up services.

14 (2) "Cervical cancer [treatment] screening and referral services"  
15 means necessary cervical cancer screening services and referral  
16 services for a procedure intended to treat cancer of the human cervix,  
17 including, but not limited to, surgery, radiation therapy, cryotherapy,  
18 electrocoagulation and related medical follow-up services.

19 (3) "Unserved or underserved populations" means women who are:  
20 (A) At or below two hundred per cent of the federal poverty level for  
21 individuals; (B) without health insurance that covers breast cancer  
22 screening mammography or cervical cancer screening services; and (C)  
23 nineteen to sixty-four years of age.

24 (b) There is established, within existing appropriations, a breast and  
25 cervical cancer early detection and treatment referral program, within  
26 the Department of Public Health, to (1) promote screening, detection  
27 and treatment of breast cancer and cervical cancer among unserved or  
28 underserved populations, [to] (2) educate the public regarding breast  
29 cancer and cervical cancer and the benefits of early detection, and [to]  
30 (3) provide counseling and referral services for treatment.

31 (c) The program shall include, but not be limited to:

32 (1) Establishment of a public education and outreach initiative to  
33 publicize breast cancer and cervical cancer early detection services and  
34 the extent of coverage for such services by health insurance; [,] the  
35 benefits of early detection of breast cancer and the recommended  
36 frequency of screening services, including clinical breast examinations  
37 and mammography; and the medical assistance program and other  
38 public and private programs and the benefits of early detection of  
39 cervical cancer and the recommended frequency of pap tests;

40 (2) Development of professional education programs, including the  
41 benefits of early detection of breast cancer and the recommended

42 frequency of mammography and the benefits of early detection of  
43 cervical cancer and the recommended frequency of pap tests;

44 (3) Establishment of a system [for the purpose of tracking and  
45 follow-up of] to track and follow-up on all women screened for breast  
46 cancer and cervical cancer in the program. The system shall include,  
47 but not be limited to, follow-up of abnormal screening tests and  
48 referral to treatment when needed and tracking women to be screened  
49 at recommended screening intervals;

50 (4) [Insurance] Assurance that all participating providers of breast  
51 cancer and cervical cancer screening are in compliance with national  
52 and state quality assurance legislative mandates.

53 (d) The Department of Public Health shall provide unserved or  
54 underserved populations, within existing appropriations and through  
55 contracts with health care providers: (1) [One mammogram every year  
56 for populations age forty-five to sixty-four; (2) one mammogram every  
57 year for populations age thirty-five to forty-four with a first degree  
58 female relative who has had breast cancer or with other risk factors of  
59 equal weight; (3) one pap test for cervical cancer per year for  
60 populations age nineteen to sixty-four who have had a positive  
61 finding, otherwise one every three years or more frequently as directed  
62 by a physician; (4)] Clinical breast examinations, screening  
63 mammograms and pap tests, as recommended in the most current  
64 breast and cervical cancer screening guidelines established by the  
65 United States Preventive Services Task Force, for the woman's age and  
66 medical history; (2) a sixty-day follow-up pap test for victims of sexual  
67 assault; and [(5)] (3) a pap test every six months for women who have  
68 tested HIV positive.

69 [(e) The Department of Public Health may apply for and receive  
70 money from public and private sources and from the federal  
71 government for the purposes of a program for breast cancer and  
72 cervical cancer early detection and treatment referral. Any payment to  
73 the state as a settlement of a court action of which the proceeds may be

74 used for women's health shall be deposited in an account designated  
75 for use by the Department of Public Health for breast and cervical  
76 cancer treatment services.]

77 [(f)] (e) The Commissioner of Public Health shall report annually to  
78 the joint standing committees of the General Assembly having  
79 cognizance of matters relating to public health and appropriations. The  
80 report shall include, but not be limited to, a description of the rate of  
81 breast cancer and cervical cancer morbidity and mortality in this state  
82 and the extent of participation in breast cancer and cervical cancer  
83 screening.

84 [(g)] (f) The organizations providing the testing and treatment  
85 services shall report to the Department of Public Health the names of  
86 the insurer of each underinsured woman being tested to facilitate  
87 recoupment.

88 Sec. 7. (NEW) (*Effective July 1, 2006*) The Department of Public  
89 Health may apply for and receive money from public and private  
90 sources and from the federal government for the purpose of funding,  
91 in whole or in part, a comprehensive cancer program. Any payment to  
92 the state as a settlement of a court action of which the proceeds may be  
93 used for health shall be deposited in an account designated for use by  
94 the department for comprehensive cancer initiatives."

95 In line 334, insert an opening bracket before "consistently"

96 In line 335, insert a closing bracket after "department" and after the  
97 closing bracket insert "fails to comply with the statutes and regulations  
98 for licensing youth camps"

99 In line 355, after "penalty", insert "of not more than one hundred  
100 dollars per violation for each day of occurrence"

101 In line 404, after "subsection.", insert "In connection with any  
102 investigation of a youth camp, the Commissioner of Public Health or  
103 said commissioner's authorized agent may administer oaths, issue

104 subpoenas, compel testimony and order the production of books,  
105 records and documents. If any person refuses to appear, to testify or to  
106 produce any book, record or document when so ordered, a judge of  
107 the Superior Court may make such order as may be appropriate to aid  
108 in the enforcement of this section."

109 Strike section 22 in its entirety and insert the following in lieu  
110 thereof:

111 "Sec. 22. (NEW) (*Effective October 1, 2006*) Upon the transfer of more  
112 than a fifty per cent ownership share, discontinuance or termination of  
113 a funeral service business, the person, firm, partnership or corporation  
114 to whom the inspection certificate has been issued shall:

115 (1) Notify each person who has purchased a prepaid funeral  
116 contract from such funeral service business of such transfer,  
117 discontinuance or termination;

118 (2) Mail a letter to each person for whom the funeral service  
119 business is storing cremated remains notifying such person of such  
120 transfer, discontinuance or termination; and

121 (3) Provide the Department of Public Health with a notice of such  
122 transfer, discontinuance or termination and a list of all unclaimed  
123 cremated remains held by the funeral service business at the time of  
124 such transfer, discontinuance or termination not later than ten days  
125 after any such transfer, discontinuance or termination."

126 Strike section 24 in its entirety and insert the following in lieu  
127 thereof:

128 "Sec. 24. (NEW) (*Effective July 1, 2006*) (a) As used in this section,  
129 "nursing facility management services" means services provided in a  
130 nursing facility to manage the operations of such facility, including the  
131 provision of care and services.

132 (b) On and after January 1, 2007, no person or entity shall provide  
133 nursing facility management services in this state without obtaining a

134 certificate from the Department of Public Health.

135 (c) Any person or entity seeking a certificate to provide nursing  
136 facility management services shall apply to the department, in writing,  
137 on a form prescribed by the department. Such application shall include  
138 the following information:

139 (1) The name and business address of the applicant and whether the  
140 applicant is an individual, partnership, corporation or other legal  
141 entity;

142 (2) A description of the applicant's nursing facility management  
143 experience;

144 (3) An affidavit signed by the applicant disclosing any matter in  
145 which the applicant has been convicted of an offense classified as a  
146 felony under section 53a-25 of the general statutes or pleaded nolo  
147 contendere to a felony charge, or held liable or enjoined in a civil  
148 action by final judgment, if the felony or civil action involved fraud,  
149 embezzlement, fraudulent conversion or misappropriation of  
150 property; or is subject to a currently effective injunction or restrictive  
151 or remedial order of a court of record at the time of application, within  
152 the past five years has had any state or federal license or permit  
153 suspended or revoked as a result of an action brought by a  
154 governmental agency or department, arising out of or relating to  
155 business activity or health care, including, but not limited to, actions  
156 affecting the operation of a nursing facility, residential care home or  
157 any facility subject to sections 17b-520 to 17b-535, inclusive, of the  
158 general statutes, or a similar statute in another state or country; and

159 (4) The location and description of any nursing facility in which the  
160 applicant currently provides management services or has provided  
161 such services within the past five years.

162 (d) In addition to the information provided pursuant to subsection  
163 (c) of this section, the department may reasonably request to review  
164 the applicant's audited and certified financial statements, which shall

165 remain the property of the applicant when used for either initial or  
166 renewal certification under this section.

167 (e) Each application for a certificate to provide nursing facility  
168 management services shall be accompanied by an application fee of  
169 three hundred dollars. The certificate shall list each location at which  
170 nursing facility management services may be provided by the holder  
171 of the certificate.

172 (f) The department shall base its decision on whether to issue or  
173 renew a certificate on the information presented to the department and  
174 on the compliance status of the managed entities. The department  
175 may deny certification to any applicant for the provision of nursing  
176 facility management services at any specific facility or facilities where  
177 there has been a substantial failure to comply with the Public Health  
178 Code.

179 (g) Renewal applications shall be made biennially after (1)  
180 submission of the information required by subsection (c) of this section  
181 and any other information required by the department pursuant to  
182 subsection (d) of this section, and (2) submission of evidence  
183 satisfactory to the department that any nursing facility at which the  
184 applicant provides nursing facility management services is in  
185 substantial compliance with the provisions of chapter 368v of the  
186 general statutes, the Public Health Code and licensing regulations, and  
187 (3) payment of a three-hundred-dollar fee.

188 (h) In any case in which the Commissioner of Public Health finds  
189 that there has been a substantial failure to comply with the  
190 requirements established under this section, the commissioner may  
191 initiate disciplinary action against a nursing facility management  
192 services certificate holder pursuant to section 19a-494 of the general  
193 statutes.

194 (i) The department may limit or restrict the provision of  
195 management services by any nursing facility management services  
196 certificate holder against whom disciplinary action has been initiated

197 under subsection (h) of this section."

198 Strike sections 35 and 36 in their entirety and insert the following in  
199 lieu thereof:

200 "Sec. 35. Subdivision (19) of section 19a-175 of the general statutes is  
201 repealed and the following is substituted in lieu thereof (*Effective from*  
202 *passage*):

203 (19) "Management service" means an employment organization  
204 [which] that does not own or lease ambulances or other emergency  
205 medical vehicles and that provides emergency medical technicians or  
206 paramedics to [any entity including an ambulance service but does not  
207 include a commercial ambulance service or a volunteer or municipal  
208 ambulance service] an emergency medical service organization.

209 Sec. 36. Section 19a-180 of the general statutes is repealed and the  
210 following is substituted in lieu thereof (*Effective from passage*):

211 (a) No person shall operate any ambulance service, rescue service or  
212 management service without either a license or a certificate issued by  
213 the commissioner. No person shall operate a commercial ambulance  
214 service or commercial rescue service or a management service without  
215 a license issued by the commissioner. A certificate shall be issued to  
216 any volunteer or municipal ambulance service which shows proof  
217 satisfactory to the commissioner that it meets the minimum standards  
218 of the commissioner in the areas of training, equipment and personnel.  
219 Applicants for a license shall use the forms prescribed by the  
220 commissioner and shall submit such application to the commissioner  
221 accompanied by an annual fee of one hundred dollars. In considering  
222 requests for approval of permits for new or expanded emergency  
223 medical services in any region, the commissioner shall consult with the  
224 Office of Emergency Medical Services and the emergency medical  
225 services council of such region and shall hold a public hearing to  
226 determine the necessity for such services. Written notice of such  
227 hearing shall be given to current providers in the geographic region  
228 where such new or expanded services would be implemented,



229 provided, any volunteer ambulance service which elects not to levy  
230 charges for services rendered under this chapter shall be exempt from  
231 the provisions concerning requests for approval of permits for new or  
232 expanded emergency medical services set forth in this subsection. A  
233 primary service area responder in a municipality in which the  
234 applicant operates or proposes to operate shall, upon request, be  
235 granted intervenor status with opportunity for cross-examination.  
236 Each applicant for licensure shall furnish proof of financial  
237 responsibility which the commissioner deems sufficient to satisfy any  
238 claim. The commissioner may adopt regulations, in accordance with  
239 the provisions of chapter 54, to establish satisfactory kinds of coverage  
240 and limits of insurance for each applicant for either licensure or  
241 certification. Until such regulations are adopted, the following shall be  
242 the required limits for licensure: (1) For damages by reason of personal  
243 injury to, or the death of, one person on account of any accident, at  
244 least five hundred thousand dollars, and more than one person on  
245 account of any accident, at least one million dollars, (2) for damage to  
246 property at least fifty thousand dollars, and (3) for malpractice in the  
247 care of one passenger at least two hundred fifty thousand dollars, and  
248 for more than one passenger at least five hundred thousand dollars. In  
249 lieu of the limits set forth in subdivisions (1) to (3), inclusive, of this  
250 subsection, a single limit of liability shall be allowed as follows: (A) For  
251 damages by reason of personal injury to, or death of, one or more  
252 persons and damage to property, at least one million dollars; and (B)  
253 for malpractice in the care of one or more passengers, at least five  
254 hundred thousand dollars. A certificate of such proof shall be filed  
255 with the commissioner. Upon determination by the commissioner that  
256 an applicant is financially responsible, properly certified and otherwise  
257 qualified to operate a commercial ambulance service, rescue service or  
258 management service, the commissioner shall issue [a] the appropriate  
259 license effective for one year to such applicant. If the commissioner  
260 determines that an applicant for either a certificate or license is not so  
261 qualified, the commissioner shall notify such applicant of the denial of  
262 the application with a statement of the reasons for such denial. Such  
263 applicant shall have thirty days to request a hearing on the denial of

264 the application.

265 (b) Any person, management service organization or emergency  
266 medical service organization which does not maintain standards or  
267 violates regulations adopted under any section of this chapter  
268 applicable to such person or organization may have such person's or  
269 organization's license or certification suspended or revoked or may be  
270 subject to any other disciplinary action specified in section 19a-17 after  
271 notice by certified mail to such person or organization of the facts or  
272 conduct which warrant the intended action. Such person or emergency  
273 medical service organization shall have an opportunity to show  
274 compliance with all requirements for the retention of such certificate or  
275 license. In the conduct of any investigation by the commissioner of  
276 alleged violations of the standards or regulations adopted under the  
277 provisions of this chapter, the commissioner may issue subpoenas  
278 requiring the attendance of witnesses and the production by any  
279 medical service organization or person of reports, records, tapes or  
280 other documents which concern the allegations under investigation.  
281 All records obtained by the commissioner in connection with any such  
282 investigation shall not be subject to the provisions of section 1-210, as  
283 amended, for a period of six months from the date of the petition or  
284 other event initiating such investigation, or until such time as the  
285 investigation is terminated pursuant to a withdrawal or other informal  
286 disposition or until a hearing is convened pursuant to chapter 54,  
287 whichever is earlier. A complaint, as defined in subdivision (6) of  
288 section 19a-13, shall be subject to the provisions of section 1-210, as  
289 amended, from the time that it is served or mailed to the respondent.  
290 Records which are otherwise public records shall not be deemed  
291 confidential merely because they have been obtained in connection  
292 with an investigation under this chapter.

293 (c) Any person, management service organization or emergency  
294 medical service organization aggrieved by an act or decision of the  
295 commissioner regarding certification or licensure may appeal in the  
296 manner provided by chapter 54.

297 (d) Any person guilty of any of the following acts shall be fined not  
298 more than two hundred fifty dollars, or imprisoned not more than  
299 three months, or be both fined and imprisoned: (1) In any application  
300 to the commissioner or in any proceeding before or investigation made  
301 by the commissioner, knowingly making any false statement or  
302 representation, or, with knowledge of its falsity, filing or causing to be  
303 filed any false statement or representation in a required application or  
304 statement; (2) issuing, circulating or publishing or causing to be issued,  
305 circulated or published any form of advertisement or circular for the  
306 purpose of soliciting business which contains any statement that is  
307 false or misleading, or otherwise likely to deceive a reader thereof,  
308 with knowledge that it contains such false, misleading or deceptive  
309 statement; (3) giving or offering to give anything of value to any  
310 person for the purpose of promoting or securing ambulance or rescue  
311 service business or obtaining favors relating thereto; (4) administering  
312 or causing to be administered, while serving in the capacity of an  
313 employee of any licensed ambulance or rescue service, any alcoholic  
314 liquor to any patient in such employee's care, except under the  
315 supervision and direction of a licensed physician; (5) in any respect  
316 wilfully violating or failing to comply with any provision of this  
317 chapter or wilfully violating, failing, omitting or neglecting to obey or  
318 comply with any regulation, order, decision or license, or any part or  
319 provisions thereof; (6) with one or more other persons, conspiring to  
320 violate any license or order issued by the commissioner or any  
321 provision of this chapter.

322 (e) No person shall place any advertisement or produce any printed  
323 matter that holds that person out to be an ambulance service unless  
324 such person is licensed or certified pursuant to this section. Any such  
325 advertisement or printed matter shall include the license or certificate  
326 number issued by the commissioner.

327 (f) Each licensed or certified ambulance service shall secure and  
328 maintain medical control, as defined in section 19a-179 of the 2006  
329 supplement to the general statutes, by a sponsor hospital, as defined in  
330 said section 19a-179, for all its emergency medical personnel, whether

331 such personnel are employed by the ambulance service or a  
332 management service.

333 (g) Each applicant whose request for new or expanded emergency  
334 medical services is approved shall, not later than six months after the  
335 date of such approval, acquire the necessary resources, equipment and  
336 other material necessary to comply with the terms of the approval and  
337 operate in the service area identified in the application. If the applicant  
338 fails to do so, the approval for new or expanded medical services shall  
339 be void and the commissioner shall rescind the approval.

340 (h) Notwithstanding the provisions of subsection (a) of this section,  
341 any volunteer or municipal ambulance service that is licensed or  
342 certified and is a primary service area responder may apply to the  
343 commissioner to add one emergency vehicle to its existing fleet every  
344 three years, on a short form application prescribed by the  
345 commissioner. No such volunteer or municipal ambulance service may  
346 add more than one emergency vehicle to its existing fleet pursuant to  
347 this subsection regardless of the number of municipalities served by  
348 such volunteer or municipal ambulance service. Upon making such  
349 application, the applicant shall notify in writing all other primary  
350 service area responders in any municipality in which the applicant  
351 proposes to add the additional emergency vehicle. Except in the case  
352 where a primary service area responder entitled to receive notification  
353 of such application objects, in writing, to the commissioner not later  
354 than fifteen calendar days after receiving such notice, the application  
355 shall be deemed approved thirty calendar days after filing. If any such  
356 primary service area responder files an objection with the  
357 commissioner within the fifteen calendar day time-period and requests  
358 a hearing, the applicant shall be required to demonstrate need at a  
359 public hearing as required under subsection (a) of this section.

360 (i) The commissioner shall develop a short form application for  
361 primary service area responders seeking to add an emergency vehicle  
362 to its existing fleet pursuant to subsection (h) of this section. The  
363 application shall require the applicant to provide such information as

364 the commissioner deems necessary, including, but not limited to, (1)  
365 the applicant's name and address, (2) the primary service area where  
366 the additional vehicle is proposed, (3) an explanation as to why the  
367 additional vehicle is necessary and its proposed use, (4) proof of  
368 insurance, (5) a list of the providers to whom notice was sent pursuant  
369 to subsection (h) of this section and proof of such notification, and (6)  
370 total call volume, response time and calls passed within the primary  
371 service area for the one year period preceding the date of the  
372 application."

373       Strike section 41 in its entirety and insert the following in lieu  
374 thereof:

375       "Sec. 41. (NEW) (*Effective from passage*) On or before October 1, 2006,  
376 the Department of Public Health shall publish guidelines establishing  
377 mold abatement protocols that include acceptable methods for  
378 performing mold remediation or abatement work. Such guidelines  
379 shall not be deemed to be regulations, as defined in section 4-166 of the  
380 general statutes."

381       Strike section 42 in its entirety and renumber remaining sections  
382 and internal references accordingly

383       Strike section 43 in its entirety and insert the following in lieu  
384 thereof:

385       "Sec. 43. Subsection (c) of section 19a-127l of the 2006 supplement to  
386 the general statutes is repealed and the following is substituted in lieu  
387 thereof (*Effective October 1, 2006*):

388       (c) (1) There is established a Quality of Care Advisory Committee  
389 which shall advise the Department of Public Health on the issues set  
390 forth in subdivisions (1) to (12), inclusive, of subsection (b) of this  
391 section. The advisory committee shall meet at least quarterly.

392       (2) Said committee shall create a standing subcommittee on best  
393 practices. The subcommittee shall (A) advise the department on

394 effective methods for sharing with providers the quality improvement  
395 information learned from the department's review of reports and  
396 corrective action plans, including quality improvement practices,  
397 patient safety issues and preventative strategies, [and] (B) not later  
398 than January 1, 2006, review and make recommendations concerning  
399 best practices with respect to when breast cancer screening should be  
400 conducted using comprehensive ultrasound screening or mammogram  
401 examinations, and (C) not later than January 1, 2008, study and make  
402 recommendations to the department concerning best practices with  
403 respect to communications between a patient's primary care provider  
404 and other providers involved in a patient's care, including hospitalists  
405 and specialists. The department shall, at least quarterly, disseminate  
406 information regarding quality improvement practices, patient safety  
407 issues and preventative strategies to the subcommittee and hospitals."

408 After the last section, add the following and renumber sections and  
409 internal references accordingly:

410 "Sec. 501. Subsection (g) of section 19a-490 of the 2006 supplement to  
411 the general statutes is repealed and the following is substituted in lieu  
412 thereof (*Effective from passage*):

413 (g) "Mental health facility" means any (1) facility for the care or  
414 treatment of mentally ill or emotionally disturbed [adults, or any]  
415 persons, (2) mental health outpatient treatment facility that provides  
416 treatment to persons sixteen years of age or older who are receiving  
417 services from the Department of Mental Health and Addiction  
418 Services, [but] and (3) mental health outpatient treatment or day  
419 treatment facility that provides treatment to persons who are receiving  
420 services from the Department of Children and Families. "Mental health  
421 facility" does not include family care homes for the mentally ill.

422 Sec. 502. Section 20-65i of the general statutes is repealed and the  
423 following is substituted in lieu thereof (*Effective from passage*):

424 A license to practice athletic training shall not be required of: (1) A  
425 practitioner who is licensed or certified by a state agency and is

426 performing services within the scope of practice for which such person  
427 is licensed or certified; (2) a student intern or trainee pursuing a course  
428 of study in athletic training, provided the activities of such student  
429 intern or trainee are performed under the supervision of a person  
430 licensed to practice athletic training and the student intern or trainee is  
431 given the title of "athletic trainer intern", or similar designation; (3) a  
432 person employed or volunteering as a coach of amateur sports who  
433 provides first aid for athletic injuries to athletes being coached by such  
434 person; (4) a person who furnishes assistance in an emergency; or (5) a  
435 person who acts as an athletic trainer in this state for less than thirty  
436 days per calendar year and who is licensed as an athletic trainer by  
437 another state or is certified by the [National Athletic Trainers'  
438 Association] Board of Certification, Inc., or its successor organization.

439 Sec. 503. Section 20-65j of the general statutes is repealed and the  
440 following is substituted in lieu thereof (*Effective October 1, 2006*):

441 (a) Except as provided in subsections (b) and (c) of this section, an  
442 applicant for a license to practice athletic training shall have: (1) A  
443 baccalaureate degree from a regionally accredited institution of higher  
444 education, or from an institution of higher learning located outside of  
445 the United States that is legally chartered to grant postsecondary  
446 degrees in the country in which such institution is located; and (2)  
447 current certification as an athletic trainer by the [National Athletic  
448 Trainers' Association] Board of Certification, Inc., or its successor  
449 organization.

450 (b) An applicant for licensure to practice athletic training by  
451 endorsement shall present evidence satisfactory to the commissioner  
452 (1) of licensure or certification as an athletic trainer, or as a person  
453 entitled to perform similar services under a different designation, in  
454 another state having requirements for practicing in such capacity that  
455 are substantially similar to or higher than the requirements in force in  
456 this state, and (2) that there is no disciplinary action or unresolved  
457 complaint pending against such applicant.

458 (c) [For the period from the effective date of this section to one year  
459 from said date] Prior to April 30, 2007, the commissioner shall grant a  
460 license as an athletic trainer to any applicant who presents evidence  
461 satisfactory to the commissioner of (1) the continuous providing of  
462 services as an athletic trainer since October 1, 1979, or (2) certification  
463 as an athletic trainer by the [National Athletic Trainers' Association]  
464 Board of Certification, Inc., or its successor organization.

465 Sec. 504. Section 20-65k of the general statutes is repealed and the  
466 following is substituted in lieu thereof (*Effective from passage*):

467 (a) The commissioner shall grant a license to practice athletic  
468 training to an applicant who presents evidence satisfactory to the  
469 commissioner of having met the requirements of section 20-65j. An  
470 application for such license shall be made on a form required by the  
471 commissioner. The fee for an initial license under this section shall be  
472 one hundred fifty dollars.

473 (b) A license to practice athletic training may be renewed in  
474 accordance with the provisions of section 19a-88, as amended,  
475 provided any licensee applying for license renewal shall maintain  
476 certification as an athletic trainer by the [National Athletic Trainers'  
477 Association] Board of Certification, Inc., or its successor organization.  
478 The fee for such renewal shall be one hundred dollars.

479 Sec. 505. (NEW) (*Effective from passage*) The Department of Public  
480 Health may take any action set forth in section 19a-17 of the general  
481 statutes if a person issued a license pursuant to section 20-65k of the  
482 general statutes, as amended by this act, fails to conform to the  
483 accepted standards of the athletic trainer profession, including, but not  
484 limited to, the following: Conviction of a felony; fraud or deceit in the  
485 practice of athletic training; illegal, negligent, incompetent or wrongful  
486 conduct in professional activities; emotional disorder or mental illness;  
487 physical illness including, but not limited to, deterioration through the  
488 aging process; abuse or excessive use of drugs, including alcohol,  
489 narcotics or chemicals; wilful falsification of entries into any patient



490 record pertaining to athletic training; misrepresentation or  
491 concealment of a material fact in the obtaining or reinstatement of an  
492 athletic trainer license; or violation of any provisions of chapter 375a of  
493 the general statutes, or any regulation adopted under said chapter  
494 375a. The Commissioner of Public Health may order a license holder to  
495 submit to a reasonable physical or mental examination if the license  
496 holder's physical or mental capacity to practice safely is the subject of  
497 an investigation. The commissioner may petition the superior court for  
498 the judicial district of Hartford to enforce such order or any action  
499 taken pursuant to section 19a-17 of the general statutes. Notice of any  
500 contemplated action under said section 19a-17, the cause of the action  
501 and the date of a hearing on the action shall be given and an  
502 opportunity for hearing afforded in accordance with the provisions of  
503 chapter 54 of the general statutes.

504 Sec. 506. Section 20-71 of the general statutes is repealed and the  
505 following is substituted in lieu thereof (*Effective from passage*):

506 (a) The Department of Public Health may issue a license to practice  
507 physical therapy without examination, on payment of a fee of two  
508 hundred twenty-five dollars, to an applicant who is a physical  
509 therapist registered or licensed under the laws of any other state or  
510 territory of the United States, any province of Canada or any other  
511 country, if the requirements for registration or licensure of physical  
512 therapists in such state, territory, province or country were, at the time  
513 of application, similar to or higher than the requirements in force in  
514 this state.

515 (b) The department may issue a physical therapist assistant license  
516 without examination, on payment of a fee of one hundred fifty dollars,  
517 to an applicant who [: (1) Is] is a physical therapist assistant registered  
518 or licensed under the laws of any other state or territory of the United  
519 States, any province of Canada or any other country, if the  
520 requirements for registration or licensure of physical therapist  
521 assistants in such state, territory, province or country were, at the time  
522 of application, similar to or higher than the requirements in force in

523 this state. [; (2) was eligible for registration as a physical therapist  
524 assistant before the later of October 1, 2000, or the date notice is  
525 published by the Commissioner of Public Health in the Connecticut  
526 Law Journal indicating that the licensing of athletic trainers and  
527 physical therapist assistants is being implemented by the  
528 commissioner; or (3) as of July 1, 2000, (A) is a graduate of an  
529 approved United States physical therapy school, approved by the  
530 Board of Examiners for Physical Therapists, with the consent of the  
531 Commissioner of Public Health, or (B) has completed twenty years of  
532 employment as a physical therapist assistant prior to October 1, 1989.]

533 (c) Notwithstanding the provisions of section 20-70, prior to April  
534 30, 2007, the commissioner may issue a physical therapist assistant  
535 license to any applicant who presents evidence satisfactory to the  
536 commissioner of having completed twenty years of employment as a  
537 physical therapist assistant prior to October 1, 1989, on payment of a  
538 fee of one hundred fifty dollars.

539 (d) Notwithstanding the provisions of section 20-70, the  
540 commissioner may issue a physical therapist assistant license to any  
541 applicant who presents evidence satisfactory to the commissioner of  
542 having registered as a physical therapist assistant with the Department  
543 of Public Health on or before April 1, 2006, on payment of a fee of one  
544 hundred fifty dollars.

545 Sec. 507. Section 20-195dd of the general statutes is repealed and the  
546 following is substituted in lieu thereof (*Effective October 1, 2006*):

547 (a) Except as provided in subsections (b) and (c) of this section, an  
548 applicant for a license as a professional counselor shall submit  
549 evidence satisfactory to the Commissioner of Public Health of having:  
550 (1) Completed sixty graduate semester hours deemed to be in or  
551 related to the discipline of [professional] counseling by the National  
552 Board for Certified Counselors, or its successor organization, at a  
553 regionally accredited institution of higher education, which included  
554 the core and clinical curriculum of the Council for Accreditation of

555 Counseling and Related Educational Programs and preparation in  
556 principles of etiology, diagnosis, treatment planning and prevention of  
557 mental and emotional disorders and dysfunctional behavior; [ and  
558 has] (2) earned, from a regionally accredited institution of higher  
559 education [with a major deemed to be in the discipline of professional  
560 counseling by the National Board for Certified Counselors or its  
561 successor organization, either] (A) a master's degree of at least forty-  
562 two graduate semester hours [or] with a major deemed to be in the  
563 discipline of counseling by the National Board for Certified Counselors  
564 or its successor organization, (B) a master's degree with a major in  
565 social work, marriage and family therapy, counseling, psychology or a  
566 related mental health field and a sixth-year degree deemed to be in the  
567 discipline of counseling by the National Board for Certified Counselors  
568 or its successor organization, or [(B)] (C) a doctoral degree with a  
569 major deemed to be in the discipline of counseling by the National  
570 Board for Certified Counselors or its successor organization; [(2)] (3)  
571 acquired three thousand hours of postgraduate-degree-supervised  
572 experience in the practice of professional counseling, performed over a  
573 period of not less than one year, that included a minimum of one  
574 hundred hours of direct supervision by (A) a physician licensed  
575 pursuant to chapter 370 who has obtained certification in psychiatry  
576 from the American Board of Psychiatry and Neurology, (B) a  
577 psychologist licensed pursuant to chapter 383, (C) an advanced  
578 practice registered nurse licensed pursuant to chapter 378 and certified  
579 as a clinical specialist in adult psychiatric and mental health nursing  
580 with the American Nurses Credentialing Center, (D) a marital and  
581 family therapist licensed pursuant to chapter 383a, (E) a clinical social  
582 worker licensed pursuant to chapter 383b, (F) a professional counselor  
583 licensed, or prior to October 1, 1998, eligible for licensure, pursuant to  
584 section 20-195cc, or (G) a physician certified in psychiatry by the  
585 American Board of Psychiatry and Neurology, psychologist, advanced  
586 practice registered nurse certified as a clinical specialist in adult  
587 psychiatric and mental health nursing with the American Nurses  
588 Credentialing Center, marital and family therapist, clinical social  
589 worker or professional counselor licensed or certified as such or as a

590 person entitled to perform similar services, under a different  
591 designation, in another state or jurisdiction whose requirements for  
592 practicing in such capacity are substantially similar to or higher than  
593 those of this state; and [(3)] (4) passed an examination prescribed by  
594 the commissioner.

595 (b) Prior to December 30, 2001, an applicant for a license as a  
596 professional counselor may, in lieu of the requirements set forth in  
597 subsection (a) of this section, submit evidence satisfactory to the  
598 commissioner of having: (A) Earned at least a thirty-hour master's  
599 degree, sixth-year degree or doctoral degree from a regionally  
600 accredited institution of higher education with a major in social work,  
601 marriage and family therapy, counseling, psychology or forensic  
602 psychology; (B) practiced professional counseling for a minimum of  
603 two years within a five-year period immediately preceding  
604 application; and (C) passed an examination prescribed by the  
605 commissioner.

606 (c) An applicant for licensure by endorsement shall present  
607 evidence satisfactory to the commissioner that the applicant is licensed  
608 or certified as a professional counselor, or as a person entitled to  
609 perform similar services under a different designation, in another state  
610 or jurisdiction whose requirements for practicing in such capacity are  
611 substantially similar to or higher than those of this state and that there  
612 are no disciplinary actions or unresolved complaints pending.

613 Sec. 508. (*Effective from passage*) Notwithstanding the provisions of  
614 section 20-195cc of the general statutes and section 20-195dd of the  
615 general statutes, as amended by this act, during the period  
616 commencing on the effective date of this section and ending thirty  
617 days after said effective date, the commissioner shall grant a license as  
618 a professional counselor to any applicant who furnishes evidence  
619 satisfactory to the Commissioner of Public Health that the applicant  
620 has (1) earned a doctoral degree in psychology prior to 1983, (2)  
621 completed at least nine semester hours in counseling or counseling  
622 related coursework from a regionally accredited institution of higher

623 education, (3) passed an examination prescribed by the Commissioner  
624 of Public Health, and (4) acquired three thousand hours of  
625 postgraduate supervised experience in the practice of professional  
626 counseling, performed over a period of not less than one year, that  
627 included a minimum of one hundred hours of direct supervision by a  
628 professional counselor licensed pursuant to section 20-195cc of the  
629 general statutes.

630 Sec. 509. (NEW) (*Effective from passage*) (a) For purposes of this  
631 section and section 510 of this act:

632 (1) "Drugs" means (A) substances recognized as drugs in the official  
633 United States Pharmacopoeia, official Homeopathic Pharmacopoeia of  
634 the United States, or official National Formulary, or any supplement to  
635 any of said publications; (B) substances intended for use in the  
636 diagnosis, cure, mitigation, treatment or prevention of disease in man  
637 or animals; (C) substances, other than food, intended to affect the  
638 structure or any function of the body of man or animals; and (D)  
639 substances intended for use as a component of any article specified in  
640 subparagraph (A), (B) or (C) of this subdivision. "Drugs" does not  
641 include devices or their components, parts or accessories;

642 (2) "Controlled drugs" means those drugs which contain any  
643 quantity of a substance which has been designated as subject to the  
644 federal Controlled Substances Act, or which has been designated as a  
645 depressant or stimulant drug pursuant to federal food and drug laws,  
646 or which has been designated by the Commissioner of Consumer  
647 Protection pursuant to section 21a-243 of the general statutes, as  
648 having a stimulant, depressant or hallucinogenic effect upon the  
649 higher functions of the central nervous system and as having a  
650 tendency to promote abuse or psychological or physiological  
651 dependence, or both. Such controlled drugs are classifiable as  
652 amphetamine-type, barbiturate-type, cannabis-type, cocaine-type,  
653 hallucinogenic, morphine-type and other stimulant and depressant  
654 drugs. "Controlled drugs" does not include alcohol, nicotine or  
655 caffeine;

656 (3) "Controlled substance" means a drug, substance or immediate  
657 precursor in schedules I to V, inclusive, of the Connecticut controlled  
658 substance scheduling regulations adopted pursuant to section 21a-243  
659 of the general statutes. "Controlled substance" does not include  
660 alcohol, nicotine or caffeine.

661 (b) Upon declaration of an emergency by the Governor or the  
662 Governor's authorized representative having authority to declare  
663 emergencies, a hospital pharmacy, pharmacy or registrant authorized  
664 by state or federal law to be in possession of controlled substances  
665 may, in accordance with applicable federal regulations, policies and  
666 guidelines and with prior approval of the Commissioner of Consumer  
667 Protection, transfer or distribute drugs or controlled drugs to a  
668 licensed pharmacy, a registrant authorized by state or federal law to be  
669 in possession of controlled substances, or a location authorized by the  
670 commissioner. Such registrant shall record the transfer accurately and  
671 in compliance with all state and federal statutes and regulations and  
672 shall report the transfer, in writing, to the commissioner.

673 Sec. 510. (NEW) (*Effective from passage*) (a) Each licensed wholesaler  
674 that distributes prescription drugs, including licensed repackagers and  
675 original licensed manufacturers of the finished form of controlled  
676 drugs or noncontrolled prescription drug products, shall provide the  
677 Commissioner of Consumer Protection an inventory report regarding  
678 such wholesaler's on-hand inventory of specifically identified  
679 prescription drugs, in all forms and strengths.

680 (b) (1) The Commissioner of Consumer Protection shall establish a  
681 list of strategic prescription drugs for which reporting is required  
682 pursuant to subsection (a) of this section. The list shall include, but not  
683 be limited to, selected vaccines and antibiotic products. The list shall  
684 be based on priorities established by the commissioner after  
685 consultation with the Commissioner of Public Health. The list shall be  
686 based upon anticipated medication requirements for public health  
687 preparedness, pharmacological-terrorism prevention or response, and  
688 medication and economic integrity and shall be issued biannually,

689 indicating any additions, substitutions or deletions that have been  
690 made to such list since it was last issued.

691 (2) An inventory report made pursuant to subsection (a) of this  
692 section shall include, but not be limited to, (A) the name, address, town  
693 and state of the wholesaler and manufacturer, (B) the name of the  
694 prescription drug, (C) the quantity of the drug on hand, including the  
695 size of each container and number of containers, and (D) the date of  
696 the report. Such information shall be reported at such time and in a  
697 manner prescribed by the Commissioner of Consumer Protection.

698 (c) Information provided by licensed wholesalers pursuant to this  
699 section shall not be subject to disclosure under the Freedom of  
700 Information Act, as defined in section 1-200 of the general statutes, and  
701 shall be available only to the Department of Consumer Protection, the  
702 Department of Public Health, the Office of Emergency Management  
703 and such other agencies or entities as the Commissioner of Consumer  
704 Protection determines, after request by such agency or entity and  
705 demonstration of a need for the information for purposes of public  
706 health preparedness, pharmacological-terrorism prevention or  
707 response, medication integrity or such other purpose deemed  
708 appropriate by the commissioner.

709 (d) The Commissioner of Consumer Protection, with the advice and  
710 assistance of the Commission of Pharmacy, may adopt regulations, in  
711 accordance with chapter 54 of the general statutes, to carry out the  
712 provisions of this section.

713 (e) Any person who violates the provisions of subsection (a) of this  
714 section shall be fined not more than ten thousand dollars or  
715 imprisoned not more than one year, or both.

716 Sec. 511. (*Effective from passage*) (a) The Commissioner of Public  
717 Health shall establish an ad hoc committee for the purpose of assisting  
718 the commissioner in examining and evaluating statutory and  
719 regulatory changes to improve health care through access to school  
720 based health centers, particularly by persons who are underinsured,

721 uninsured or receiving services under the state Medicaid program. The  
722 committee shall hold its first meeting not later than July 15, 2006. The  
723 committee shall focus on improving school based resources,  
724 facilitating access to school based health centers and identifying or  
725 recommending appropriate fiscal support for the operational and  
726 capital activities of school based health centers. The committee shall  
727 also assess the current school based health center system, with  
728 particular focus on (1) expansion of existing services in order to  
729 achieve the school based health center model, (2) supportive processes  
730 necessary for such expansion, including the development and use of  
731 unified data systems, (3) identifying geographical areas of need, (4)  
732 financing necessary to sustain an expanded system, and (5) availability  
733 of services under the current system and under an expanded system.  
734 Other topics may be included at the discretion of the commissioner  
735 and the committee.

736 (b) (1) The ad hoc committee shall consist of the Commissioners of  
737 Public Health and Social Services, or their designees, and the following  
738 members appointed by the Commissioner of Public Health (A) two  
739 employees of the Department of Public Health, (B) one employee of the  
740 Department of Mental Health and Addiction Services recommended  
741 by the Department of Mental Health and Addiction Services, (C) one  
742 employee of the Office of Policy and Management recommended by  
743 the Office of Policy and Management, and (D) three school based  
744 health center providers recommended by the Connecticut Association  
745 of School Based Health Centers.

746 (2) The Commissioner of Public Health may expand the  
747 membership of the ad hoc committee to include representatives from  
748 related fields if the commissioner decides such expansion would be  
749 useful.

750 (c) On or before December 1, 2006, the Commissioner of Public  
751 Health shall submit, in accordance with section 11-4a of the general  
752 statutes, the results of the examination, with specific recommendations  
753 for any necessary statutory or regulatory changes, to the Governor and



754 the joint standing committee of the General Assembly having  
755 cognizance of matters relating to public health.

756 Sec. 512. (NEW) (*Effective October 1, 2006*) The Department of Public  
757 Health shall, within available appropriations, establish a  
758 comprehensive cancer plan for the state of Connecticut. Such plan shall  
759 provide for (1) creation of a state-wide smoking cessation program  
760 targeting Medicaid recipients, (2) development and implementation of  
761 a program to encourage colorectal screenings for state residents, (3)  
762 development and implementation of a state-wide clinical trials  
763 network, (4) identification of services for, and provision of assistance  
764 to, cancer survivors, and (5) identification of, and the provision of  
765 services to, organizations that offer educational programs on hospice  
766 or palliative care.

767 Sec. 513. (NEW) (*Effective from passage*) (a) As used in this section,  
768 "clinical laboratory" has the same meaning as provided in section 19a-  
769 30 of the general statutes, and "patient" does not include any person  
770 under eighteen years of age.

771 (b) Beginning September 1, 2006:

772 (1) Each physician licensed under chapter 370 of the general statutes  
773 shall order a serum creatinine test as part of each patient's annual  
774 physical examination if the patient has not submitted to such test  
775 within the one-year period preceding the annual physical examination.  
776 The order shall include a notification that the test is being ordered  
777 pursuant to the provisions of this subdivision.

778 (2) Each short term acute care hospital licensed in this state shall  
779 order a serum creatinine test for each patient admitted to the hospital if  
780 the patient has not submitted to such test within the one-year period  
781 preceding such hospitalization. The order shall include a notification  
782 that the test is being ordered pursuant to the provisions of this  
783 subdivision.

784 (3) Any person, firm or corporation operating a clinical laboratory

785 licensed in this state shall ensure that when the clinical laboratory tests  
786 a specimen to determine a patient's serum creatinine level, as ordered  
787 or prescribed by a physician or provider in a short-term acute care  
788 hospital pursuant to subdivision (1) or (2) of this subsection, the  
789 clinical laboratory shall (A) calculate the patient's estimated  
790 glomerular filtration rate using the patient's age and gender, which  
791 information shall be provided to the clinical laboratory by the  
792 physician or a provider in a hospital, and (B) include the patient's  
793 estimated glomerular filtration rate with its report to the physician or  
794 provider in a hospital.

795 (4) A person, firm or corporation operating a clinical laboratory  
796 licensed in this state shall be deemed in compliance with subdivision  
797 (3) of this subsection if the clinical laboratory makes available to the  
798 ordering physician or provider in a hospital test order codes for serum  
799 creatinine that include estimated glomerular filtration rate.

800 Sec. 514. (NEW) (*Effective October 1, 2006*) Each public golf course, as  
801 defined in section 30-33 of the general statutes, shall provide and  
802 maintain in a central location on the premises of the public golf course,  
803 at least one automatic external defibrillator, as defined in section 19a-  
804 175 of the general statutes.

805 Sec. 515. (NEW) (*Effective October 1, 2006*) (a) As used in this section,  
806 "Alzheimer's special care unit or program" means any nursing facility,  
807 residential care home, assisted living facility, adult congregate living  
808 facility, adult day care center, hospice or adult foster home that locks,  
809 secures, segregates or provides a special program or unit for residents  
810 with a diagnosis of probable Alzheimer's disease, dementia or other  
811 similar disorder, in order to prevent or limit access by a resident  
812 outside the designated or separated area, and that advertises or  
813 markets the facility as providing specialized care or services for  
814 persons suffering from Alzheimer's disease or dementia.

815 (b) On and after January 1, 2007, each Alzheimer's special care unit  
816 or program shall provide written disclosure to any person who will be

817 placed in such a unit or program or to that person's legal  
818 representative or other responsible party. Such disclosure shall be  
819 signed by the patient or responsible party and shall explain what  
820 additional care and treatment or specialized program will be provided  
821 in the Alzheimer's special care unit or program that is distinct from the  
822 care and treatment required by applicable licensing rules and  
823 regulations, including, but not limited to:

824 (1) Philosophy. A written statement of the overall philosophy and  
825 mission of the Alzheimer's special care unit or program that reflects  
826 the needs of residents with Alzheimer's disease, dementia or other  
827 similar disorders.

828 (2) Preadmission, admission and discharge. The process and criteria  
829 for placement within or transfer or discharge from the Alzheimer's  
830 special care unit or program.

831 (3) Assessment, care planning and implementation. The process  
832 used for assessing and establishing and implementing the plan of care,  
833 including the method by which the plan of care is modified in  
834 response to changes in condition.

835 (4) Staffing patterns and training ratios. The nature and extent of  
836 staff coverage, including staff to patient ratios and staff training and  
837 continuing education.

838 (5) Physical environment. The physical environment and design  
839 features appropriate to support the functioning of cognitively  
840 impaired adult residents.

841 (6) Residents' activities. The frequency and types of resident  
842 activities and the ratio of residents to recreation staff.

843 (7) Family role in care. The involvement of families and family  
844 support programs.

845 (8) Program costs. The cost of care and any additional fees.

846 (c) Each Alzheimer's special care unit or program shall develop a  
847 standard disclosure form for compliance with subsection (b) of this  
848 section and shall annually review and verify the accuracy of the  
849 information provided by Alzheimer's special care units or programs.  
850 Each Alzheimer's special care unit or program shall update any  
851 significant changes to the information reported pursuant to subsection  
852 (b) of this section not later than thirty days after such change.

853 Sec. 516. (NEW) (*Effective from passage*) Each Alzheimer's special care  
854 unit or program shall annually provide Alzheimer's and dementia  
855 specific training to all licensed and registered direct care staff who  
856 provide direct patient care to residents enrolled in Alzheimer's special  
857 care units or programs. Such requirements shall include, but not  
858 limited to, (1) not less than eight hours of dementia-specific training,  
859 which shall be completed not later than six months after the date of  
860 employment and not less than three hours of such training annually  
861 thereafter, and (2) annual training of not less than two hours in pain  
862 recognition and administration of pain management techniques for  
863 direct care staff.

864 Sec. 517. Subsection (f) of section 28-25b of the general statutes is  
865 repealed and the following is substituted in lieu thereof (*Effective from*  
866 *passage*):

867 (f) On and after January 1, 2001, each public safety answering point  
868 shall submit to the office, on a quarterly basis, a report of [the calls for  
869 emergency medical services received] all calls for services received  
870 through the 9-1-1 system by the public safety answering point. Such  
871 report shall include, but not be limited to, the following information:  
872 (1) The number of 9-1-1 calls during the reporting quarter; [that  
873 involved a medical emergency;] and (2) for each such call, the elapsed  
874 time period from the time the call was received to the time the call was  
875 answered, and the elapsed time period from the time the call was  
876 answered to the time [emergency response services were dispatched  
877 or] the call was transferred or [relayed to another public safety agency  
878 or private safety agency] terminated, expressed in time ranges or

879 fractile response times. The information required under this subsection  
880 may be submitted in any written or electronic form selected by such  
881 public safety answering point and approved by the Commissioner of  
882 Public Safety, provided the commissioner shall take into consideration  
883 the needs of such public safety answering point in approving such  
884 written or electronic form. On a quarterly basis, the office shall [furnish  
885 such information to the Commissioner of Public Health, shall] make  
886 such information available to the public and shall post such  
887 information on its web site on the Internet.

888 Sec. 518. Subdivision (9) of section 19a-177 of the 2006 supplement  
889 to the general statutes is repealed and the following is substituted in  
890 lieu thereof (*Effective from passage*):

891 (9) (A) Establish rates for the conveyance of patients by licensed  
892 ambulance services and invalid coaches and establish emergency  
893 service rates for certified ambulance services, provided (i) the present  
894 rates established for such services and vehicles shall remain in effect  
895 until such time as the commissioner establishes a new rate schedule as  
896 provided in this subdivision, and (ii) any rate increase not in excess of  
897 the Medical Care Services Consumer Price Index, as published by the  
898 Bureau of Labor Statistics of the United States Department of Labor,  
899 for the prior year, filed in accordance with subparagraph (B)(iii) of this  
900 subdivision shall be deemed approved by the commissioner.

901 (B) Adopt regulations, in accordance with the provisions of chapter  
902 54, establishing methods for setting rates and conditions for charging  
903 such rates. Such regulations shall include, but not be limited to,  
904 provisions requiring that on and after July 1, 2000: (i) Requests for rate  
905 increases may be filed no more frequently than once a year, except  
906 that, in any case where an agency's schedule of maximum allowable  
907 rates falls below that of the Medicare allowable rates for that agency,  
908 the commissioner shall immediately amend such schedule so that the  
909 rates are at or above the Medicare allowable rates; (ii) only licensed  
910 ambulance services and certified ambulance services that apply for a  
911 rate increase in excess of the Medical Care Services Consumer Price

912 Index, as published by the Bureau of Labor Statistics of the United  
913 States Department of Labor, for the prior year, and do not accept the  
914 maximum allowable rates contained in any voluntary state-wide rate  
915 schedule established by the commissioner for the rate application year  
916 shall be required to file detailed financial information with the  
917 commissioner, provided any hearing that the commissioner may hold  
918 concerning such application shall be conducted as a contested case in  
919 accordance with chapter 54; (iii) licensed ambulance services and  
920 certified ambulance services that do not apply for a rate increase in any  
921 year in excess of the Medical Care Services Consumer Price Index, as  
922 published by the Bureau of Labor Statistics of the United States  
923 Department of Labor, for the prior year, or that accept the maximum  
924 allowable rates contained in any voluntary state-wide rate schedule  
925 established by the commissioner for the rate application year shall, not  
926 later than July fifteenth of such year, file with the commissioner a  
927 statement of emergency and nonemergency call volume, and, in the  
928 case of a licensed ambulance service or certified ambulance service that  
929 is not applying for a rate increase, a written declaration by such  
930 licensed ambulance service or certified ambulance service that no  
931 change in its currently approved maximum allowable rates will occur  
932 for the rate application year; and (iv) detailed financial and operational  
933 information filed by licensed ambulance services and certified  
934 ambulance services to support a request for a rate increase in excess of  
935 the Medical Care Services Consumer Price Index, as published by the  
936 Bureau of Labor Statistics of the United States Department of Labor,  
937 for the prior year, shall cover the time period pertaining to the most  
938 recently completed fiscal year and the rate application year of the  
939 licensed ambulance service or certified ambulance service.

940 (C) Establish rates for licensed ambulance services and certified  
941 ambulance services for the following services and conditions: (i)  
942 "Advanced life support assessment" and "specialty care transports",  
943 which terms shall have the meaning provided in 42 CFR 414.605; and  
944 (ii) intramunicipality mileage, which means mileage for an ambulance  
945 transport when the point of origin and final destination for a transport

946 is within the boundaries of the same municipality. The rates  
947 established by the commissioner for each such service or condition  
948 shall be equal to (I) the ambulance service's base rate plus its  
949 established advanced life support/paramedic surcharge when  
950 advanced life support assessment services are performed; (II) two  
951 hundred twenty-five per cent of the ambulance service's established  
952 base rate for specialty care transports; and (III) "loaded mileage", as the  
953 term is defined in 42 CFR 414.605, multiplied by the ambulance  
954 service's established rate for intramunicipality mileage. Such rates shall  
955 remain in effect until such time as the commissioner establishes a new  
956 rate schedule as provided in this subdivision.

957 (D) Issue rate schedules for licensed and certified ambulance  
958 services in the state based on the most current Medicare authorized  
959 levels of service. Maximum allowable rates established by the  
960 commissioner for such services shall not be less than the Medicare  
961 allowable rates for each category of service.

962 Sec. 519. Subsection (b) of section 19a-80 of the 2006 supplement to  
963 the general statutes is repealed and the following is substituted in lieu  
964 thereof (*Effective from passage*):

965 (b) Upon receipt of an application for a license, the Commissioner of  
966 Public Health shall issue such license if, upon inspection and  
967 investigation, he finds that the applicant, the facilities and the program  
968 meet the health, educational and social needs of children likely to  
969 attend the child day care center or group day care home and comply  
970 with requirements established by regulations adopted under sections  
971 19a-77 to 19a-80, inclusive, as amended, and 19a-82 to 19a-87,  
972 inclusive. Each license except a temporary license shall be for a term of  
973 two years, shall be inalienable, may be renewed upon terms and  
974 conditions established by regulation and may be suspended or  
975 revoked after notice and an opportunity for a hearing as provided in  
976 section 19a-84 for violation of the regulations promulgated under  
977 sections 19a-77 to 19a-80, inclusive, as amended, and 19a-82 to 19a-87,  
978 inclusive. The commissioner may issue a temporary license for a term

979 of six months and renewable for another six months, upon such terms  
980 and conditions as shall be provided in regulations adopted under said  
981 sections. The Commissioner of Public Health shall collect from the  
982 licensee of a day care center a fee of two hundred dollars for each  
983 license issued or renewed for a term of two years and a fee of fifty  
984 dollars for each temporary license issued or renewed for a term of six  
985 months. The Commissioner of Public Health shall collect from the  
986 licensee of a group day care home a fee of one hundred dollars for each  
987 license issued or renewed for a term of two years and a fee of thirty  
988 dollars for each temporary license issued or renewed for a term of six  
989 months. A child day care center shall only require one license for two  
990 or more buildings if each building is operated by the same licensee and  
991 the buildings are joined together by a contiguous playground that is  
992 part of the licensed space.

993 Sec. 520. Section 53-341 of the general statutes is repealed and the  
994 following is substituted in lieu thereof (*Effective from passage*):

995 [No person engaged in the practice of any branch of the art of  
996 healing the sick or injured or professing to be engaged in such practice  
997 shall make use of the title "doctor" or any abbreviation thereof without  
998 further specification or qualification descriptive of the school or kind  
999 of practice engaged in by such person or advertise as possessing such  
1000 title unless such person has received a degree of doctor of medicine or  
1001 doctor of dental surgery from a reputable university or college  
1002 authorized by law to confer such a degree. No person who has not  
1003 been legally licensed or registered to practice any branch of the healing  
1004 arts in this state shall use or advertise or permit to be used or  
1005 advertised in connection with such person's name or any trade name  
1006 in the conduct of any occupation or profession involving or pertaining  
1007 to public health the title "doctor" or any abbreviation thereof or any  
1008 designation tending to designate the capability to diagnose, treat,  
1009 prevent or cure of any human disease, pain, injury, deformity or  
1010 physical condition, actual or imaginary, except that any dentist who  
1011 has received a degree of doctor of dental surgery from a reputable  
1012 university or college authorized by law to confer such degree and who



1013 is licensed to practice dentistry in this state may be designated as the  
1014 possessor of such degree or title. No provision of this section shall  
1015 apply to any person admitted to practice under the provisions of the  
1016 Medical Registration Act of 1893. Any person violating any provision  
1017 of this section shall be fined not more than one hundred dollars or  
1018 imprisoned not more than sixty days or both.]

1019 (a) Except as otherwise permitted by chapters 369 to 388, inclusive,  
1020 and subsection (b) of this section, no person engaged in the practice of  
1021 any branch of the art of healing the sick or injured or professing to be  
1022 engaged in such practice, other than a person who is licensed to  
1023 practice medicine under the provisions of chapter 370, may use or  
1024 imply the use of the words "physician", "surgeon", "medical doctor",  
1025 "osteopath" or "doctor", or the initials "M.D.", "D.O." or "Dr.", or any  
1026 similar title or description of services, with the intent to represent, or in  
1027 a manner that is likely to induce the belief that, the person (1) practices  
1028 medicine within the state, (2) is licensed to practice medicine within  
1029 the state, or (3) may diagnose or treat any injury, deformity, ailment or  
1030 disease, actual or imaginary, of another person for compensation, gain  
1031 or reward.

1032 (b) A person who holds the degree of doctor of medicine or doctor  
1033 of osteopathy, but who is not licensed to practice medicine under the  
1034 provisions of chapter 370, may use the initials "M.D." or "D.O."  
1035 provided such initials are not used with the intent to represent, or in a  
1036 manner that is likely to induce the belief that, the person (1) practices  
1037 medicine within the state, (2) is licensed to practice medicine within  
1038 the state, or (3) may diagnose or treat any injury, deformity, ailment or  
1039 disease, actual or imaginary, of another person for compensation, gain  
1040 or reward.

1041 (c) Any person who violates the provisions of this section or section  
1042 20-9 of the 2006 supplement to the general statutes, section 20-12d of  
1043 the 2006 supplement to the general statutes or section 20-12n shall be  
1044 fined not more than five hundred dollars or imprisoned not more than  
1045 five years, or both. For purposes of this section, each instance of

1046 patient contact or consultation that is in violation of chapter 370 shall  
1047 constitute a separate offense. Failure to renew a license in a timely  
1048 manner shall not constitute a violation of this section.

1049 Sec. 521. Section 1-55 of the general statutes is repealed and the  
1050 following is substituted in lieu thereof (*Effective October 1, 2006*):

1051 In a statutory short form power of attorney, the language conferring  
1052 general authority with respect to all other matters shall be construed to  
1053 mean that the principal authorizes the agent to act as an alter ego of  
1054 the principal with respect to any matters and affairs not enumerated in  
1055 sections 1-44 to [1-54a] 1-54, inclusive, and which the principal can do  
1056 through an agent.

1057 Sec. 522. Subsection (g) of section 17a-238 of the general statutes is  
1058 repealed and the following is substituted in lieu thereof (*Effective*  
1059 *October 1, 2006*):

1060 (g) The commissioner's oversight and monitoring of the medical  
1061 care of persons placed or treated under the direction of the  
1062 commissioner does not include the authority to make treatment  
1063 decisions, except in limited circumstances in accordance with statutory  
1064 procedures. In the exercise of such oversight and monitoring  
1065 responsibilities, the commissioner shall not impede or seek to impede a  
1066 properly executed medical order to withhold cardiopulmonary  
1067 resuscitation. For purposes of this subsection, "properly executed  
1068 medical order to withhold cardiopulmonary resuscitation" means (1) a  
1069 written order by the attending physician; (2) in consultation and with  
1070 the consent of the patient or a person authorized by law; (3) when the  
1071 attending physician is of the opinion that the patient is in a terminal  
1072 condition, as defined in [subdivision (3) of] section 19a-570, as  
1073 amended by this act, which condition will result in death within days  
1074 or weeks; and (4) when such physician has requested and obtained a  
1075 second opinion from a Connecticut licensed physician in the  
1076 appropriate specialty that confirms the patient's terminal condition;  
1077 and includes the entry of such an order when the attending physician

1078 is of the opinion that the patient is in the final stage of a terminal  
1079 condition but cannot state that the patient may be expected to expire  
1080 during the next several days or weeks, or, in consultation with a  
1081 physician qualified to make a neurological diagnosis, deems the  
1082 patient to be permanently unconscious, provided the commissioner  
1083 has reviewed the decision with the department's director of  
1084 community medical services, the family and guardian of the patient  
1085 and others who the commissioner deems appropriate, and determines  
1086 that the order is a medically acceptable decision.

1087 Sec. 523. Subsection (b) of section 17a-543 of the general statutes is  
1088 repealed and the following is substituted in lieu thereof (*Effective*  
1089 *October 1, 2006*):

1090 (b) No medical or surgical procedures may be performed without  
1091 the patient's written informed consent or, if the patient has been  
1092 declared incapable of caring for himself or herself pursuant to sections  
1093 45a-644 to 45a-662, inclusive, as amended, and a conservator of the  
1094 person has been appointed pursuant to section 45a-650, the written  
1095 consent of such conservator. If the head of the hospital, in consultation  
1096 with a physician, determines that the condition of an involuntary  
1097 patient not declared incapable of caring for himself or herself pursuant  
1098 to said sections is of an extremely critical nature and such patient is  
1099 incapable of informed consent, medical or surgical procedures may be  
1100 performed with the written informed consent of: (1) The patient's  
1101 health care representative; (2) the patient's conservator or guardian, if  
1102 he or she has one; [(2)] (3) such person's next of kin; [(3)] (4) a person  
1103 designated by the patient pursuant to section 1-56r; or [(4)] (5) a  
1104 qualified physician appointed by a judge of the Probate Court.  
1105 Notwithstanding the provisions of this section, if obtaining the consent  
1106 provided for in this section would cause a medically harmful delay to  
1107 a voluntary or involuntary patient whose condition is of an extremely  
1108 critical nature, as determined by personal observation by a physician  
1109 or the senior clinician on duty, emergency treatment may be provided  
1110 without consent.

1111 Sec. 524. Subsection (a) of section 19a-279c of the general statutes is  
1112 repealed and the following is substituted in lieu thereof (*Effective*  
1113 *October 1, 2006*):

1114 (a) Any member of the following classes of persons, in the order of  
1115 priority listed, may make an anatomical gift of all or a part of the  
1116 decedent's body for an authorized purpose, unless the decedent, before  
1117 or at the time of death, has made an unrevoked refusal to make that  
1118 anatomical gift: (1) The spouse of the decedent; (2) a person designated  
1119 by the decedent pursuant to section 1-56r; (3) an adult son or daughter  
1120 of the decedent; (4) either parent of the decedent; (5) an adult brother  
1121 or sister of the decedent; (6) a grandparent of the decedent; (7) a  
1122 guardian of the person of the decedent at the time of death; (8) any  
1123 person legally authorized to make health care decisions for the  
1124 decedent prior to death, including, but not limited to, a health care  
1125 [agent] representative appointed under section 19a-576, as amended by  
1126 this act; and (9) a conservator of the person, as defined in section 45a-  
1127 644, as amended.

1128 Sec. 525. Section 19a-570 of the general statutes is repealed and the  
1129 following is substituted in lieu thereof (*Effective October 1, 2006*):

1130 For purposes of this section, [and] sections 19a-571 to 19a-580c,  
1131 inclusive, as amended by this act:

1132 [(1) "Life support system" means any medical procedure or  
1133 intervention which, when applied to an individual, would serve only  
1134 to postpone the moment of death or maintain the individual in a state  
1135 of permanent unconsciousness. In these circumstances, such  
1136 procedures shall include, but are not limited to, mechanical or  
1137 electronic devices including artificial means of providing nutrition or  
1138 hydration;

1139 (2) "Beneficial medical treatment" includes the use of medically  
1140 appropriate treatment including surgery, treatment, medication and  
1141 the utilization of artificial technology to sustain life;

1142 (3) "Terminal condition" means the final stage of an incurable or  
1143 irreversible medical condition which, without the administration of a  
1144 life support system, will result in death within a relatively short time,  
1145 in the opinion of the attending physician;

1146 (4) "Permanently unconscious" includes permanent coma and  
1147 persistent vegetative state and means an irreversible condition in  
1148 which the individual is at no time aware of himself or the environment  
1149 and shows no behavioral response to the environment;

1150 (5) "Health care agent" means an adult person to whom authority to  
1151 convey health care decisions is delegated in a written document by  
1152 another adult person, known as the principal;

1153 (6) "Incapacitated" means being unable to understand and  
1154 appreciate the nature and consequences of health care decisions,  
1155 including the benefits and disadvantages of such treatment, and to  
1156 reach and communicate an informed decision regarding the treatment;

1157 (7) "Living will" means a written statement in compliance with  
1158 section 19a-575a containing a declarant's wishes concerning any aspect  
1159 of his health care, including the withholding or withdrawal of life  
1160 support systems;

1161 (8) "Next of kin" means any member of the following classes of  
1162 persons, in the order of priority listed: (A) The spouse of the patient;  
1163 (B) an adult son or daughter of the patient; (C) either parent of the  
1164 patient; (D) an adult brother or sister of the patient; and (E) a  
1165 grandparent of the patient;

1166 (9) "Attending physician" means the physician selected by, or  
1167 assigned to, the patient and who has primary responsibility for the  
1168 treatment and care of the patient.]

1169 (1) "Advance health care directive" or "advance directive" means a  
1170 writing executed in accordance with the provisions of this chapter,  
1171 including, but not limited to, a living will, or an appointment of health

1172 care representative, or both;

1173 (2) "Appointment of health care representative" means a document  
1174 executed in accordance with section 19a-575a, as amended by this act,  
1175 or section 19a-577, as amended by this act, that appoints a health care  
1176 representative to make health care decisions for the declarant in the  
1177 event the declarant becomes incapacitated;

1178 (3) "Attending physician" means the physician selected by, or  
1179 assigned to, the patient, who has primary responsibility for the  
1180 treatment and care of the patient;

1181 (4) "Beneficial medical treatment" includes the use of medically  
1182 appropriate treatment, including surgery, treatment, medication and  
1183 the utilization of artificial technology to sustain life;

1184 (5) "Health care representative" means the individual appointed by  
1185 a declarant pursuant to an appointment of health care representative  
1186 for the purpose of making health care decisions on behalf of the  
1187 declarant;

1188 (6) "Incapacitated" means being unable to understand and  
1189 appreciate the nature and consequences of health care decisions,  
1190 including the benefits and disadvantages of such treatment, and to  
1191 reach and communicate an informed decision regarding the treatment;

1192 (7) "Life support system" means any medical procedure or  
1193 intervention which, when applied to an individual, would serve only  
1194 to postpone the moment of death or maintain the individual in a state  
1195 of permanent unconsciousness, including, but not limited to,  
1196 mechanical or electronic devices, including artificial means of  
1197 providing nutrition or hydration;

1198 (8) "Living will" means a written statement in compliance with  
1199 section 19a-575a, as amended by this act, containing a declarant's  
1200 wishes concerning any aspect of his or her health care, including the  
1201 withholding or withdrawal of life support systems;

1202       (9) "Next of kin" means any member of the following classes of  
1203       persons, in the order of priority listed: (A) The spouse of the patient;  
1204       (B) an adult son or daughter of the patient; (C) either parent of the  
1205       patient; (D) an adult brother or sister of the patient; and (E) a  
1206       grandparent of the patient;

1207       (10) "Permanently unconscious" means an irreversible condition in  
1208       which the individual is at no time aware of himself or herself or the  
1209       environment and shows no behavioral response to the environment  
1210       and includes permanent coma and persistent vegetative state;

1211       (11) "Terminal condition" means the final stage of an incurable or  
1212       irreversible medical condition which, without the administration of a  
1213       life support system, will result in death within a relatively short period  
1214       time, in the opinion of the attending physician.

1215       Sec. 526. Subsection (a) of section 19a-571 of the general statutes is  
1216       repealed and the following is substituted in lieu thereof (*Effective*  
1217       *October 1, 2006*):

1218       (a) Subject to the provisions of subsection (c) of this section, any  
1219       physician licensed under chapter 370 or any licensed medical facility  
1220       who or which withholds, removes or causes the removal of a life  
1221       support system of an incapacitated patient shall not be liable for  
1222       damages in any civil action or subject to prosecution in any criminal  
1223       proceeding for such withholding or removal, provided (1) the decision  
1224       to withhold or remove such life support system is based on the best  
1225       medical judgment of the attending physician in accordance with the  
1226       usual and customary standards of medical practice; (2) the attending  
1227       physician deems the patient to be in a terminal condition or, in  
1228       consultation with a physician qualified to make a neurological  
1229       diagnosis who has examined the patient, deems the patient to be  
1230       permanently unconscious; and (3) the attending physician has  
1231       considered the patient's wishes concerning the withholding or  
1232       withdrawal of life support systems. In the determination of the wishes  
1233       of the patient, the attending physician shall consider the wishes as

1234 expressed by a document executed in accordance with sections 19a-575  
1235 and 19a-575a, if any such document is presented to, or in the  
1236 possession of, the attending physician at the time the decision to  
1237 withhold or terminate a life support system is made. If the wishes of  
1238 the patient have not been expressed in a living will the attending  
1239 physician shall determine the wishes of the patient by consulting any  
1240 statement made by the patient directly to the attending physician and,  
1241 if available, the patient's health care [agent] representative, the  
1242 patient's next of kin, the patient's legal guardian or conservator, if any,  
1243 any person designated by the patient in accordance with section 1-56r  
1244 and any other person to whom the patient has communicated his  
1245 wishes, if the attending physician has knowledge of such person. All  
1246 persons acting on behalf of the patient shall act in good faith. If the  
1247 attending physician does not deem the incapacitated patient to be in a  
1248 terminal condition or permanently unconscious, beneficial medical  
1249 treatment including nutrition and hydration must be provided.

1250 Sec. 527. Section 19a-575 of the general statutes is repealed and the  
1251 following is substituted in lieu thereof (*Effective October 1, 2006*):

1252 Any person eighteen years of age or older may execute a document  
1253 [which shall contain] that contains directions as to [specific life support  
1254 systems which such person chooses to have administered] any aspect  
1255 of health care, including the withholding or withdrawal of life support  
1256 systems. Such document shall be signed and dated by the maker with  
1257 at least two witnesses and may be in substantially the following form:

1258 DOCUMENT CONCERNING HEALTH CARE AND  
1259 WITHHOLDING OR WITHDRAWAL OF LIFE SUPPORT SYSTEMS.

1260 If the time comes when I am incapacitated to the point when I can  
1261 no longer actively take part in decisions for my own life, and am  
1262 unable to direct my physician as to my own medical care, I wish this  
1263 statement to stand as a testament of my wishes.

1264 "I, .... (Name), request that, if my condition is deemed terminal or if  
1265 it is determined that I will be permanently unconscious, I be allowed to



1266 die and not be kept alive through life support systems. By terminal  
1267 condition, I mean that I have an incurable or irreversible medical  
1268 condition which, without the administration of life support systems,  
1269 will, in the opinion of my attending physician, result in death within a  
1270 relatively short time. By permanently unconscious I mean that I am in  
1271 a permanent coma or persistent vegetative state which is an  
1272 irreversible condition in which I am at no time aware of myself or the  
1273 environment and show no behavioral response to the environment.  
1274 The life support systems which I do not want include, but are not  
1275 limited to:

1276 Artificial respiration  
1277 Cardiopulmonary resuscitation  
1278 Artificial means of providing nutrition and hydration

1279 (Cross out and initial life support systems you want administered)

1280 I do not intend any direct taking of my life, but only that my dying  
1281 not be unreasonably prolonged."

1282 Other specific requests:

1283 "This request is made, after careful reflection, while I am of sound  
1284 mind."

1285 .... (Signature)

1286 .... (Date)

1287 This document was signed in our presence, by the above-named ....  
1288 (Name) who appeared to be eighteen years of age or older, of sound  
1289 mind and able to understand the nature and consequences of health  
1290 care decisions at the time the document was signed.

1291 .... (Witness)

1292 .... (Address)

1293 .... (Witness)

1294 .... (Address)

1295 Sec. 528. Section 19a-575a of the general statutes is repealed and the  
1296 following is substituted in lieu thereof (*Effective October 1, 2006*):

1297 (a) Any person eighteen years of age or older may execute a  
1298 document [which] that contains health care instructions, the  
1299 appointment of a [health care agent, the appointment of an attorney-  
1300 in-fact for health care decisions] health care representative, the  
1301 designation of a conservator of the person for future incapacity and a  
1302 document of anatomical gift. Any such document shall be signed and  
1303 dated by the maker with at least two witnesses and may be in the  
1304 substantially following form:

1305                   THESE ARE MY HEALTH CARE INSTRUCTIONS.  
1306                   MY APPOINTMENT OF A HEALTH CARE [AGENT,  
1307                   MY APPOINTMENT OF AN ATTORNEY-IN-FACT  
1308                   FOR HEALTH CARE DECISIONS] REPRESENTATIVE,  
1309                   THE DESIGNATION OF MY CONSERVATOR OF THE PERSON  
1310                   FOR MY FUTURE INCAPACITY  
1311                   AND  
1312                   MY DOCUMENT OF ANATOMICAL GIFT

1313 To any physician who is treating me: These are my health care  
1314 instructions including those concerning the withholding or withdrawal  
1315 of life support systems, together with the appointment of my health  
1316 care [agent and my attorney-in-fact for health care decisions]  
1317 representative, the designation of my conservator of the person for  
1318 future incapacity and my document of anatomical gift. As my  
1319 physician, you may rely on these health care instructions and any  
1320 decision made by my health care [agent, attorney-in-fact for health care  
1321 decisions] representative or conservator of my person, if I am [unable  
1322 to make a decision for myself] incapacitated to the point when I can no  
1323 longer actively take part in decisions for my own life, and am unable to  
1324 direct my physician as to my own medical care.

1325 I, ..., the author of this document, request that, if my condition is  
1326 deemed terminal or if I am determined to be permanently

1327 unconscious, I be allowed to die and not be kept alive through life  
1328 support systems. By terminal condition, I mean that I have an  
1329 incurable or irreversible medical condition which, without the  
1330 administration of life support systems, will, in the opinion of my  
1331 attending physician, result in death within a relatively short time. By  
1332 permanently unconscious I mean that I am in a permanent coma or  
1333 persistent vegetative state which is an irreversible condition in which I  
1334 am at no time aware of myself or the environment and show no  
1335 behavioral response to the environment. The life support systems  
1336 which I do not want include, but are not limited to: Artificial  
1337 respiration, cardiopulmonary resuscitation and artificial means of  
1338 providing nutrition and hydration. I do want sufficient pain  
1339 medication to maintain my physical comfort. I do not intend any direct  
1340 taking of my life, but only that my dying not be unreasonably  
1341 prolonged.

1342 I appoint .... to be my health care [agent and my attorney-in-fact for  
1343 health care decisions] representative. If my attending physician  
1344 determines that I am unable to understand and appreciate the nature  
1345 and consequences of health care decisions and unable to reach and  
1346 communicate an informed decision regarding treatment, my health  
1347 care [agent and attorney-in-fact for health care decisions]  
1348 representative is authorized to [:]

1349 [(1) Convey to my physician my wishes concerning the withholding  
1350 or removal of life support systems;

1351 (2) Take whatever actions are necessary to ensure that any wishes  
1352 are given effect;

1353 (3) Consent, refuse or withdraw consent to any medical treatment as  
1354 long as such action is consistent with my wishes concerning the  
1355 withholding or removal of life support systems; and

1356 (4) Consent to any medical treatment designed solely for the  
1357 purpose of maintaining physical comfort] make any and all health care  
1358 decisions for me, including the decision to accept or refuse any

1359 treatment, service or procedure used to diagnose or treat my physical  
1360 or mental condition, except as otherwise provided by law, including,  
1361 but not limited to, psychosurgery or shock therapy, and the decision to  
1362 provide, withhold or withdraw life support systems. I direct my health  
1363 care representative to make decisions on my behalf in accordance with  
1364 my wishes, as stated in this document or as otherwise known to my  
1365 health care representative. In the event my wishes are not clear or a  
1366 situation arises that I did not anticipate, my health care representative  
1367 may make a decision in my best interests, based upon what is known  
1368 of my wishes.

1369 If .... is unwilling or unable to serve as my health care [agent and my  
1370 attorney-in-fact for health care decisions] representative, I appoint ....  
1371 to be my alternative health care [agent and my attorney-in-fact for  
1372 health care decisions] representative.

1373 If a conservator of my person should need to be appointed, I  
1374 designate .... be appointed my conservator. If .... is unwilling or unable  
1375 to serve as my conservator, I designate ..... No bond shall be required  
1376 of either of them in any jurisdiction.

1377 I hereby make this anatomical gift, if medically acceptable, to take  
1378 effect upon my death.

- T1 I give: (check one)  
T2 .... (1) any needed organs or parts  
T3 .... (2) only the following organs or parts ....  
T4 to be donated for: (check one)  
T5 (1) .... any of the purposes stated in subsection (a) of  
T6 section 19a-279f of the general statutes  
T7 (2) .... these limited purposes ....

1379 These requests, appointments, and designations are made after  
1380 careful reflection, while I am of sound mind. Any party receiving a  
1381 duly executed copy or facsimile of this document may rely upon it  
1382 unless such party has received actual notice of my revocation of it.

T8 Date ...., 20..

T9 .... L.S.

1383 This document was signed in our presence by .... the author of this  
 1384 document, who appeared to be eighteen years of age or older, of sound  
 1385 mind and able to understand the nature and consequences of health  
 1386 care decisions at the time this document was signed. The author  
 1387 appeared to be under no improper influence. We have subscribed this  
 1388 document in the author's presence and at the author's request and in  
 1389 the presence of each other.

T10 ....

T11 (Witness) (Witness)

T12 ....

T13 (Number and Street) (Number and Street)

T14 ....

T15 (City, State and Zip Code) (City, State and Zip Code)

STATE OF CONNECTICUT }  
 COUNTY OF .... } ss. ....

1390 We, the subscribing witnesses, being duly sworn, say that we  
 1391 witnessed the execution of these health care instructions, the  
 1392 appointments of a health care [agent and an attorney-in-fact]  
 1393 representative, the designation of a conservator for future incapacity  
 1394 and a document of anatomical gift by the author of this document; that  
 1395 the author subscribed, published and declared the same to be the  
 1396 author's instructions, appointments and designation in our presence;  
 1397 that we thereafter subscribed the document as witnesses in the  
 1398 author's presence, at the author's request, and in the presence of each  
 1399 other; that at the time of the execution of said document the author  
 1400 appeared to us to be eighteen years of age or older, of sound mind,  
 1401 able to understand the nature and consequences of said document, and

1402 under no improper influence, and we make this affidavit at the  
1403 author's request this .... day of .... 20...

T16 ....  
T17 (Witness) (Witness)

1404 Subscribed and sworn to before me this .... day of .... 20..

T18 ....  
T19 Commissioner of the Superior Court  
T20 Notary Public  
T21 My commission expires: ....

1405 (Print or type name of all persons signing under all signatures)

1406 (b) Except as provided in section 19a-579b, as amended by this act,  
1407 an appointment of health care representative may only be revoked by  
1408 the declarant, in writing, and the writing shall be signed by the  
1409 declarant and two witnesses.

1410 (c) The attending physician or other health care provider shall make  
1411 the revocation of an appointment of health care representative a part of  
1412 the declarant's medical record.

1413 (d) In the absence of knowledge of the revocation of an appointment  
1414 of health care representative, a person who carries out an advance  
1415 directive pursuant to the provisions of chapter 368w shall not be  
1416 subject to civil or criminal liability or discipline for unprofessional  
1417 conduct for carrying out such advance directive.

1418 (e) The revocation of an appointment of health care representative  
1419 does not, of itself, revoke the living will of the declarant.

1420 Sec. 529. Section 19a-576 of the general statutes is repealed and the  
1421 following is substituted in lieu thereof (*Effective October 1, 2006*):

1422 (a) Any person eighteen years of age or older may appoint a health

1423 care [agent] representative by executing a document in accordance  
1424 with section 19a-575a, as amended by this act, or section 19a-577, as  
1425 amended by this act, signed and dated by such person in the presence  
1426 of two adult witnesses who shall also sign the document. The person  
1427 appointed as [agent] representative shall not act as witness to the  
1428 execution of such document or sign such document.

1429 (b) For persons who reside in facilities operated or licensed by the  
1430 Department of Mental Health and Addiction Services, at least one  
1431 witness shall be an individual who is not affiliated with the facility and  
1432 at least one witness shall be a physician or licensed clinical  
1433 psychologist with specialized training in treating mental illness.

1434 (c) For persons who reside in facilities operated or licensed by the  
1435 Department of Mental Retardation, at least one witness shall be an  
1436 individual who is not affiliated with the facility and at least one  
1437 witness shall be a physician or licensed clinical psychologist with  
1438 specialized training in developmental disabilities.

1439 (d) An operator, administrator [,] or employee of a hospital,  
1440 residential care home, rest home with nursing supervision [,] or  
1441 chronic and convalescent nursing home may not be appointed as a  
1442 health care [agent] representative by any person who, at the time of the  
1443 appointment, is a patient or a resident of, or has applied for admission  
1444 to, one of the foregoing facilities. An administrator or employee of a  
1445 government agency [which] that is financially responsible for a  
1446 person's medical care may not be appointed as a health care [agent]  
1447 representative for such person. This restriction shall not apply if such  
1448 operator, administrator or employee is related to the principal by  
1449 blood, marriage or adoption.

1450 (e) A physician shall not act as both [agent] health care  
1451 representative for a principal and attending physician for the principal.

1452 Sec. 530. Section 19a-577 of the general statutes is repealed and the  
1453 following is substituted in lieu thereof (*Effective October 1, 2006*):

1454 [(a)] Any person eighteen years of age or older may execute a  
1455 document that may, but need not be in substantially the following  
1456 form:

1457 DOCUMENT CONCERNING THE APPOINTMENT OF HEALTH  
1458 CARE [AGENT] REPRESENTATIVE

1459 "I understand that, as a competent adult, I have the right to make  
1460 decisions about my health care. There may come a time when I am  
1461 unable, due to incapacity, to make my own health care decisions. In  
1462 these circumstances, those caring for me will need direction and will  
1463 turn to someone who knows my values and health care wishes. By  
1464 signing this appointment of health care representative, I appoint a  
1465 health care representative with legal authority to make health care  
1466 decisions on my behalf in such case or at such time.

1467 I appoint .... (Name) to be my health care [agent] representative. If  
1468 my attending physician determines that I am unable to understand  
1469 and appreciate the nature and consequences of health care decisions  
1470 and to reach and communicate an informed decision regarding  
1471 treatment, my health care [agent] representative is authorized to [:]

1472 [(1) Convey to my physician my wishes concerning the withholding  
1473 or removal of life support systems.

1474 (2) Take whatever actions are necessary to ensure that my wishes  
1475 are given effect] accept or refuse any treatment, service or procedure  
1476 used to diagnose or treat my physical or mental condition, except as  
1477 otherwise provided by law, including, but not limited to,  
1478 psychosurgery or shock therapy, and the decision to provide, withhold  
1479 or withdraw life support systems. I direct my health care  
1480 representative to make decisions on my behalf in accordance with my  
1481 wishes as stated in a living will, or as otherwise known to my health  
1482 care representative. In the event my wishes are not clear or a situation  
1483 arises that I did not anticipate, my health care representative may  
1484 make a decision in my best interests, based upon what is known of my  
1485 wishes.



1486 If this person is unwilling or unable to serve as my health care  
1487 [agent] representative, I appoint .... (Name) to be my alternative health  
1488 care [agent] representative."

1489 "This request is made, after careful reflection, while I am of sound  
1490 mind."

1491 .... (Signature)

1492 .... (Date)

1493 This document was signed in our presence, by the above-named ....  
1494 (Name) who appeared to be eighteen years of age or older, of sound  
1495 mind and able to understand the nature and consequences of health  
1496 care decisions at the time the document was signed.

1497 .... (Witness)

1498 .... (Address)

1499 .... (Witness)

1500 .... (Address)

1501 Sec. 531. Section 19a-578 of the general statutes is repealed and the  
1502 following is substituted in lieu thereof (*Effective October 1, 2006*):

1503 (a) Any or all of the attesting witnesses to any living will document  
1504 or any document appointing a health care [agent] representative may,  
1505 at the request of the declarant, make and sign an affidavit before any  
1506 officer authorized to administer oaths in or out of this state, stating  
1507 such facts as they would be required to testify to in court to prove such  
1508 living will. The affidavit shall be written on the living will document,  
1509 or if that is impracticable, on some paper attached thereto. The sworn  
1510 statement of any such witness so taken shall be accepted by [the Court  
1511 of Probate] a court of competent jurisdiction as if it had been taken  
1512 before such court.

1513 (b) A physician or other health care provider who is furnished with  
1514 a copy of a written living will or appointment of health care [agent]  
1515 representative shall make it a part of the declarant's medical record. A

1516 physician or other health care provider shall also record in the patient's  
1517 medical record any oral communication concerning any aspect of [his]  
1518 the patient's health care, including the withholding or withdrawal of  
1519 life support systems, made by the patient directly to the physician or  
1520 other health care provider or to the patient's health care [agent]  
1521 representative, legal guardian, conservator, next-of-kin or person  
1522 designated in accordance with section 1-56r.

1523 Sec. 532. Section 19a-579 of the general statutes is repealed and the  
1524 following is substituted in lieu thereof (*Effective October 1, 2006*):

1525 A living will or appointment of health care [agent] representative  
1526 becomes operative when (1) the document is furnished to the  
1527 attending physician, and (2) the declarant is determined by the  
1528 attending physician to be incapacitated. At any time after the  
1529 appointment of a health care representative, the attending physician  
1530 shall disclose such determination of incapacity, in writing, upon the  
1531 request of the person named as the health care representative.

1532 Sec. 533. Section 19a-579a of the general statutes is repealed and the  
1533 following is substituted in lieu thereof (*Effective October 1, 2006*):

1534 (a) A living will [or appointment of health care agent] may be  
1535 revoked at any time and in any manner by the declarant, without  
1536 regard to the declarant's mental or physical condition.

1537 (b) The attending physician or other health care provider shall make  
1538 the revocation a part of the declarant's medical record.

1539 (c) In the absence of knowledge of the revocation [either] of a living  
1540 will, [or an appointment of health care agent,] a person is not subject to  
1541 civil or criminal liability or discipline for unprofessional conduct for  
1542 carrying out the living will pursuant to the requirements of sections  
1543 19a-570, as amended by this act, 19a-571, as amended by this act, 19a-  
1544 573 and 19a-575 to 19a-580c, inclusive, as amended by this act.

1545 Sec. 534. Section 19a-579b of the general statutes is repealed and the

1546 following is substituted in lieu thereof (*Effective October 1, 2006*):

1547 The appointment of the principal's spouse as health care [agent]  
1548 representative shall be revoked upon the divorce or legal separation of  
1549 the principal and spouse or upon the annulment or dissolution of their  
1550 marriage, unless the principal specifies otherwise.

1551 Sec. 535. Section 19a-580 of the general statutes is repealed and the  
1552 following is substituted in lieu thereof (*Effective October 1, 2006*):

1553 Within a reasonable time prior to withholding or causing the  
1554 removal of any life support system pursuant to sections 19a-570, as  
1555 amended by this act, 19a-571, as amended by this act, 19a-573 and 19a-  
1556 575 to 19a-580c, inclusive, as amended by this act, the attending  
1557 physician shall make reasonable efforts to notify the individual's  
1558 health care [agent] representative, next-of-kin, legal guardian,  
1559 conservator or person designated in accordance with section 1-56r, if  
1560 available.

1561 Sec. 536. Section 19a-580b of the general statutes is repealed and the  
1562 following is substituted in lieu thereof (*Effective October 1, 2006*):

1563 No physician, health care provider or health care insurer shall  
1564 require a person to execute a living will or appoint a health care  
1565 [agent] representative as a condition of treatment or receiving health  
1566 care benefits.

1567 Sec. 537. Section 19a-580c of the general statutes is repealed and the  
1568 following is substituted in lieu thereof (*Effective October 1, 2006*):

1569 (a) The probate court for the district in which the person is  
1570 domiciled or is located at the time of the dispute shall have jurisdiction  
1571 over any dispute concerning the meaning or application of any  
1572 provision of sections 19a-570, as amended by this act, 19a-571, as  
1573 amended by this act, 19a-573 and 19a-575 to 19a-580c, inclusive, as  
1574 amended by this act. With respect to any communication of a patient's  
1575 wishes other than by means of a document executed in accordance

1576 with [section] sections 19a-575 and 19a-575a, as amended by this act,  
1577 the court shall consider whether there is clear and convincing evidence  
1578 of such communication.

1579 (b) The probate court for the district in which the person is  
1580 domiciled or is located at the time of the dispute shall have jurisdiction  
1581 over any dispute concerning the capacity of the health care  
1582 representative or over any claim that the actions of the person named  
1583 as health care representative would interfere with the treatment of the  
1584 declarant or the person named as health care representative.

1585 (c) A person whose appointment as a health care representative has  
1586 been revoked shall have standing to file a claim challenging the  
1587 validity of such revocation with the probate court for the district in  
1588 which the declarant is domiciled or is located at the time of the  
1589 dispute.

1590 Sec. 538. Subsection (h) of section 45a-650 of the general statutes is  
1591 repealed and the following is substituted in lieu thereof (*Effective*  
1592 *October 1, 2006*):

1593 (h) The court may limit the powers and duties of either the  
1594 conservator of the person or the conservator of the estate, to include  
1595 some, but not all, of the powers and duties set forth in subsections (a)  
1596 and (b) of section 45a-644, as amended, and sections 45a-655 and 45a-  
1597 656, as amended, and shall make specific findings to justify such a  
1598 limitation, in the best interests of the ward. In determining whether or  
1599 not any such limitations should be imposed, the court shall consider  
1600 the abilities of the ward, the prior appointment of any attorney-in-fact,  
1601 health care [agent] representative, trustee or other fiduciary acting on  
1602 behalf of the ward, any support services which are otherwise available  
1603 to the ward, and any other relevant evidence. The court may modify its  
1604 decree upon any change in circumstances.

1605 Sec. 539. Subsection (a) of section 45a-654 of the 2006 supplement to  
1606 the general statutes is repealed and the following is substituted in lieu  
1607 thereof (*Effective October 1, 2006*):

1608 (a) Upon written application for appointment of a temporary  
1609 conservator brought by any person deemed by the court to have  
1610 sufficient interest in the welfare of the respondent, including, but not  
1611 limited to, the spouse or any relative of the respondent, the first  
1612 selectman, chief executive officer or head of the department of welfare  
1613 of the town of residence or domicile of any respondent, the  
1614 Commissioner of Social Services, the board of directors of any  
1615 charitable organization, as defined in section 21a-190a, or the chief  
1616 administrative officer of any nonprofit hospital or such officer's  
1617 designee, the Court of Probate may appoint a temporary conservator if  
1618 the court finds that: (1) The respondent is incapable of managing his or  
1619 her affairs or incapable of caring for himself or herself, and (2)  
1620 immediate and irreparable injury to the mental or physical health or  
1621 financial or legal affairs of the respondent will result if a temporary  
1622 conservator is not appointed pursuant to this section. The court may,  
1623 in its discretion, require the temporary conservator to give a probate  
1624 bond. The court shall limit the duties, responsibilities and powers of  
1625 the temporary conservator to the circumstances that gave rise to the  
1626 application and shall make specific findings to justify such limitation.  
1627 In making such findings, the court shall consider the present and  
1628 previously expressed wishes of the respondent, the abilities of the  
1629 respondent, any prior appointment of an attorney-in-fact, health care  
1630 [agent] representative, trustee or other fiduciary acting on behalf of the  
1631 respondent, any support service otherwise available to the respondent  
1632 and any other relevant evidence. The temporary conservator shall have  
1633 charge of the property or of the person of the respondent or both for  
1634 such period of time or for such specific occasion as the court finds to be  
1635 necessary, provided a temporary appointment shall not be valid for  
1636 more than thirty days, unless at any time while the appointment of a  
1637 temporary conservator is in effect, an application is filed for  
1638 appointment of a conservator of the person or estate under section 45a-  
1639 650. The court may (A) extend the appointment of the temporary  
1640 conservator until the disposition of such application under section 45a-  
1641 650, or for an additional thirty days, whichever occurs first, or (B)  
1642 terminate the appointment of a temporary conservator upon a

1643 showing that the circumstances that gave rise to the application for  
1644 appointment of a temporary conservator no longer exist.

1645 Sec. 540. Subdivision (3) of subsection (a) of section 52-184d of the  
1646 2006 supplement to the general statutes is repealed and the following  
1647 is substituted in lieu thereof (*Effective October 1, 2006*):

1648 (3) "Representative" means a legal guardian, attorney, health care  
1649 [agent] representative or any person recognized in law or custom as a  
1650 patient's agent.

1651 Sec. 541. (NEW) (*Effective October 1, 2006*) (a) Except as authorized  
1652 by a court of competent jurisdiction, a conservator shall comply with a  
1653 ward's individual health care instructions and other wishes, if any,  
1654 expressed while the ward had capacity and to the extent known to the  
1655 conservator, and the conservator may not revoke the ward's advance  
1656 health care directive unless the appointing court expressly so  
1657 authorizes.

1658 (b) Absent a court order to the contrary, a health care decision of a  
1659 health care representative takes precedence over that of a conservator,  
1660 except under the following circumstances: (1) When the health care  
1661 decision concerns a person who is subject to the provisions of section  
1662 17a-566, 17a-587, 17a-588 of the general statutes or section 54-56d of the  
1663 2006 supplement to the general statutes; (2) when a conservator has  
1664 been appointed to a ward who is subject to an order authorized under  
1665 subsection (e) of section 17a-543 of the general statutes, for the  
1666 duration of the ward's hospitalization; or (3) when a conservator has  
1667 been appointed to a ward subject to an order authorized under section  
1668 17a-543a of the general statutes.

1669 Sec. 542. (NEW) (*Effective October 1, 2006*) An advance directive  
1670 properly executed prior to October 1, 2006, shall have the same legal  
1671 force and effect as if it had been executed in accordance with the  
1672 provisions of chapter 368w of the general statutes.

1673 Sec. 543. (NEW) (*Effective October 1, 2006*) Health care instructions or

1674 appointment of a health care proxy executed under the laws of another  
1675 state in compliance with the laws of that state or the state of  
1676 Connecticut, and which are not contrary to the public policy of this  
1677 state, are deemed validly executed for purposes of chapter 368w of the  
1678 general statutes. Health care instructions or appointment of a health  
1679 care proxy executed in a foreign country in compliance with the laws  
1680 of the country or the state of Connecticut, and which are not contrary  
1681 to the public policy of this state, are deemed validly executed for the  
1682 purposes of chapter 368w of the general statutes. A healthcare  
1683 provider may rely on such health care instructions or recognize such  
1684 appointment of a health care proxy based upon any of the following:  
1685 (1) An order or decision by a court of competent jurisdiction; (2)  
1686 presentation of a notarized statement from the patient or person  
1687 offering the health care proxy that the proxy (A) is valid under the  
1688 laws of the state or country in which it was made, and (B) is not  
1689 contrary to the public policy of this state; or (3) the healthcare  
1690 provider's own good faith legal analysis.

1691 Sec. 544. (NEW) (*Effective October 1, 2006*) (a) Each person licensed to  
1692 practice physical therapy under the provisions of chapter 376 of the  
1693 general statutes who provides direct patient care services shall  
1694 maintain professional liability insurance or other indemnity against  
1695 liability for professional malpractice. The amount of insurance which  
1696 each such person shall carry as insurance or indemnity against claims  
1697 for injury or death for professional malpractice shall not be less than  
1698 five hundred thousand dollars for one person, per occurrence, with an  
1699 aggregate of not less than one million five hundred thousand dollars.

1700 (b) Each insurance company which issues professional liability  
1701 insurance, as defined in subdivisions (1), (6), (7), (8) and (9) of  
1702 subsection (b) of section 38a-393 of the general statutes, shall on and  
1703 after January 1, 2007, render to the Commissioner of Public Health a  
1704 true record of the names and addresses, according to classification, of  
1705 cancellations of and refusals to renew professional liability insurance  
1706 policies and the reasons for such cancellation or refusal to renew said  
1707 policies for the year ending on the thirty-first day of December next

1708 preceding.

1709 Sec. 545. Subsection (a) of section 19a-7d of the general statutes is  
1710 repealed and the following is substituted in lieu thereof (*Effective July*  
1711 *1, 2006*):

1712 (a) The Commissioner of Public Health may establish, within  
1713 available appropriations, a program to provide three-year grants to  
1714 community-based providers of primary care services in order to  
1715 expand access to health care for the uninsured. The grants may be  
1716 awarded to community-based providers of primary care for (1)  
1717 funding for direct services, (2) recruitment and retention of primary  
1718 care clinicians and registered nurses through subsidizing of salaries or  
1719 through a loan repayment program, and (3) capital expenditures. The  
1720 community-based providers of primary care under the direct service  
1721 program shall provide, or arrange access to, primary and preventive  
1722 services, referrals to specialty services, including rehabilitative and  
1723 mental health services, inpatient care, prescription drugs, basic  
1724 diagnostic laboratory services, health education and outreach to alert  
1725 people to the availability of services. Primary care clinicians and  
1726 registered nurses participating in the state loan repayment program or  
1727 receiving subsidies shall provide services to the uninsured based on a  
1728 sliding fee schedule, provide free care if necessary, accept Medicare  
1729 assignment and participate as a Medicaid provider, or provide nursing  
1730 services in school-based health centers. The commissioner may adopt  
1731 regulations, in accordance with the provisions of chapter 54, to  
1732 establish eligibility criteria, services to be provided by participants, the  
1733 sliding fee schedule, reporting requirements and the loan repayment  
1734 program. For the purposes of this section, "primary care clinicians"  
1735 includes family practice physicians, general practice osteopaths,  
1736 obstetricians and gynecologists, internal medicine physicians,  
1737 pediatricians, dentists, certified nurse midwives, advanced practice  
1738 registered nurses, physician assistants and dental hygienists.

1739 Sec. 546. Sections 7-244g to 7-244s, inclusive, of the 2006 supplement  
1740 to the general statutes are repealed. (*Effective from passage*)



1741       Sec. 547. Section 1-54a of the general statutes is repealed. (*Effective*  
1742   *October 1, 2006*)"